



Lovell FHCC community clinic serves thousands in Evanston

Telehealth, immunizations, preventive care, labs, clinical pharmacist's care among the offerings

By Jayna Legg
Lovell FHCC Public Affairs

In the old Evanston Community Based Outpatient Clinic on Clyde Avenue, there was one office, four chairs in the waiting room, apartments above and no parking. Patients regularly had cars towed for parking illegally because of the lack of parking.

Today, two years later, the Captain James A. Lovell Federal Health Care Center Community Based Outpatient Clinic on Dempster in Evanston is a bright, roomy facility, with tastefully decorated halls, attractive artwork on the walls and plenty of chairs in the waiting room.

"It's terrific, the service and everything they have here," said patient Henry Fine, who recently attended a MOVE (Managing Overweight/Obesity for Veterans Everywhere) weight-management meeting at the clinic.

"Everything they have here is 10 times better than what it was before, and my provider goes out of her way to provide care," said Fine,



Veteran Trifilo Almajano, from Niles, Ill., has blood drawn from Primary Care Nurse Kim VeauTour Swensen at the Evanston Community Based Outpatient Clinic. Trifilo said he likes the faster service. (Photo by Trevor Seela)

a Korean War Army Veteran. "We have caring staff, we really do," said Medical Support Assistant Mushand McKay. "I wake up to come here. I enjoy it."

More than 2,000 patients see the two medical providers (one doctor

and one nurse practitioner), four nurses, a full-time social worker, psychiatrist and clinical pharmacist at the Evanston CBOC.

The Lovell FHCC itself was formed in 2010 when the former VA medical center in North

Chicago integrated with the now-closed Naval Health Clinic Great Lakes.

Having a clinical pharmacist on site in Evanston is an added benefit for patients.

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Lovell FHCC staff bring blood drives to U.S. Navy recruits

By Jeffery Diffy
Armed Services Blood Program

Navy recruits on training "hold," for medical or other reasons can continue donating blood while they wait to ship, and dedicated Lovell Federal Health Care Center employees help make it happen.

Every day for the past year, staff from the FHCC's Blood Donor

Processing Division have supported the Armed Forces Blood Program by manning a walk-in blood drive center at Ship 5, the USS Theodore Roosevelt, on the grounds of Recruit Training Command.

In the past, all new recruits have had a chance to give blood on a specifically scheduled day during boot camp.



FHCC Blood Donor Processing Division staff, pictured in the front row (left to right) are Sarah Marion, Jeff Diffy, Vandika Patel, Laurel Crandell, Michelle Tucker, Kyle Ziegler. Back row: Tracy Larson, Mark Evans, Hospital Corpsman 1st Class Roy Wine, Pam Robinson, Bobby Lee, Lt. Toinette Evans. (Photo provided)

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Leadership Commentary

New year is a time for new beginnings at Lovell FHCC



By Patrick L. Sullivan
Lovell FHCC Director

Many people make New Year's resolutions. Health clubs are busy in January. Weight-loss programs gain new members. Church attendance rises. The new year is an excellent time to start fresh.

The difference between success and coming up short often hinges on a positive mental attitude and personal commitment. We have resolutions and plans for new

beginnings at the Lovell Federal Health Care Center that I can't do on my own. I need your help. I would like us to do several things, all of which I believe will result in better patient care – something we can all agree on.

First, take a minute and refocus on why you chose to go into the health care field. Way back when for some, just last year for others, remember the reasons you decided to go to school, train for or apply for your current job. As in all things we do here at Lovell FHCC, if we think about our common desire to help Veterans, and military patients and their families, we can use that goal to get back to the basics and re-evaluate how we're doing.

Are we staying patient-focused? Are we tuning out distractions that can make us inattentive or inefficient? Are we doing what we can to advance ourselves and keep up with technology? Are we taking advantage of offerings we have here, such as the Civil

Service Physical Activity program, Shipshape for Active Duty, or our new School at Work program?

Secondly, when you think we are straying from our promise kept of "Readying Warriors and Caring for Heroes," know there are actions you can take. We want your feedback. Report inefficiencies, participate in Town Hall meetings, fill out surveys and offer recommendations for change. We have many feedback mechanisms in place, including the Town Hall question box in the canteen and comment boxes in the clinics.

Another opportunity for you to play a role in the future of Lovell FHCC is to help shape our new Strategic Plan. Leadership, staff and stakeholders have been diligently charting an organizational road map for success, culminating with the development of a Strategic Framework. The initiatives to execute the plan – such as becoming the "employer of choice," enhancing our culture of patient-

centered care, and transforming into a Lean organization – have been prioritized, and together we will implement them. Your dedication will prove critical to the success of the initiatives. We will roll out our 2012 Strategic Plan in coming months, and we need everyone "onboard" to help us become a great health care center.

Finally, remember we are all connected, no matter what uniform or clothes we wear. We rely on each other to get the job done, and that said, we need every one of our 3,000 employees to be successful. The largest part of our success as the first and only integrated FHCC comes down to how well we work as a team to meet the objectives and initiatives of the new Strategic Plan, which translates into how well we care for our patients and coworkers. Please join me in accepting these resolutions and let me wish you Happy New Year and toast to the continued success of the FHCC as we *create the future of federal health care*.

Green House® Homes: A first look Q & A



By Trevor Seela
Lovell FHCC Public Affairs

The Apollo talked with Dr. Jan Clarke, the Lovell FHCC Department Head of Geriatrics and Extended Care, to find out more about the long-term care program planned for the two Green House® homes currently under construction on the West campus of the Captain James A. Lovell Federal Health Care Center and scheduled to open in 2012.

Ten residents will live in each home. The residents will be cared for by "universal workers," named so because they have many different jobs in the home — such as cooking, light cleaning, activity planning and laundry — that go beyond typical nursing duties. For more information about the Green House® model, visit the website at <http://thegreenhouseproject.org/>.

The Apollo: Why is Lovell FHCC implementing a Green House® model of long-term care?

Dr. Jan Clarke: Our Community Living Center, like many others, is ready to move into the next generation of long-term care. What we are dealing with now is the old, almost original model of care. That

model is about nursing. The Green House® model places the patient at the center of care. What we are looking to do is put the "home" back into nursing home and long-term care — if someone lives in a place that feels like their house, their home life improves.

What will the Green House® model look like here at Lovell FHCC?

There will be a small number of staff for each home of 10 residents. At each home, there will always be at least one universal worker at home. In total, a 10-bedroom house will not have more than five or six universal workers working there. The patient will most likely work with only three of them, so there is potential to build a strong relationship and to create an environment where it is easier to communicate and work together.

Recently, Ana Ortagara, the Director of Communication and Outreach for The Green House® Project, came to Lovell FHCC to train staff. What came out of that training?

She brought extensive knowledge, experience and enthusiasm about the Green House® model and long-term care in general, and showed staff that it is okay to get excited about the change. We do not know who will actually be working in our Green House homes, but it is better for as many people as possible to learn about it, because it's the culture we are searching for.

What are some of the challenges with the change to the Green House® model?

Changing to a Green House® model involves mental, cultural and physical change in the long-term care model. It is not easy. Most of it is the mental change, but the physical aspect is important. If all the spaces are suited for Veterans, the staff will be there interacting with them in a natural way.

The Green House® model is not one we launched into with just an idea and a full heart. It is a model that requires the expertise of a team of folks supporting us through each step. In order to call these homes Green House® homes, we have agreed to follow the specifications set out by the model's creator, Bill Thomas. One of the challenges at our campus will involve creating a single culture in our Community Living Center program, despite having three different physical environments.

What is so different about the current model of long-term care and the Green House® model?

It is the difference between standing at a nursing station and calling out to the patient versus walking up and speaking to them. It is about having more personal interaction. Having the Veteran wait to be told what to do, and having the Veteran say "today I would like to do ..." and having whatever that thing is happening for him or her, is a big difference. The Veteran's day keeps moving.

The Apollo

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Evanston clinic patients, staff enjoy benefits of new space

Lovell FHCC Community Based Outpatient Clinic on Dempster in Evanston is bright, roomy and welcoming

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Nurse Sharon Schlagman, Clinical Manager of the Evanston CBOC, has worked with Veterans for more than two decades and would not trade it. (Photo by Trevor Seela)

“We’re considered to be a physician extender,” explained Suzanne Chan, the Clinical Pharmacist in Evanston. “We collaborate with the provider to provide patient care.”

The VA system allows clinical pharmacists to prescribe medications, Chan said, an advancement in medical care. “We can pinpoint things the provider might have overlooked. It helps the patient get to the most optimal state in regards to treating their disease.”

Chan sees patients multiple times between their doctor appointments for medication monitoring. “They

appreciate having someone to talk to more in depth about their medications,” she said.

The Evanston CBOC provides lab services, as well as preventive care. Many services – such as MOVE and smoking-cessation, diabetes and colonoscopy education clinics – are provided via teleconferencing. “Telehealth” technology allows patients to talk “live” with providers in North Chicago, thus saving the commute and multiple appointments.

“It’s a godsend, this place,” said Veteran volunteer Steve Kraslen after leading a telehealth MOVE meeting. “Before, MOVE was only in North Chicago, and I live in Chicago. It was 30 miles each way and cost about \$20 each time.”

Kraslen, an Air Force Veteran and Evanston patient himself, said, “It’s nice to be able to help other Vets out. And this clinic is very nice.”

During the weekly MOVE meetings, MOVE Coordinator Erin Chambers talks from her office in North Chicago while Kraslen facilitates in the conference room at the clinic. Chambers provides Kraslen references and props, such as plastic glasses of milk that show how much fat they contain.

The response to telehealth services has been excellent, said Nurse Sharon Schlagman, Clinical Manager. Schlagman, who sees

most of the patients for case management, has worked for the VA and now Lovell for 28 years.

“I really enjoy the closer relationship I can develop with patients,” Schlagman said. “We’re almost like extended family to them. There’s that bond there. I just love them. They are the best people.”



(Top right), the Evanston clinic moved to its current location on Dempster Ave. two years ago. (Directly above), Veteran volunteer Steve Kraslen holds up a prop showing the fat content of milk to the MOVE group in Evanston, while MOVE Coordinator Erin Chambers leads the meeting via tele-conference from the Lovell FHCC in North Chicago, Ill. (Photos by Trevor Seela)

WOW winners for fiscal year 2011 went above and beyond

Fourteen Lovell FHCC employees, from among dozens of OSCAR nominees, were honored as 2011 WOW winners. Congratulations!

September: Sandra Whitmore, Mental Health Special Programs, helped a lost girl in an FHCC elevator. Whitmore brought the 5-year-old girl to Police Dispatch, where the girl’s mother retrieved her a few minutes later. Whitmore’s nominator wrote, “Sandra was proactive and immediately took action to protect the young child, and ensured her safe return to her mother.”

August: Visual Impairment Specialist Eric Strong “demonstrated extreme support and compassion for the fiancé of a Veteran. She was overwhelmed with the bureaucracy that she felt was getting in the way of both her and her boyfriend receiving the care that they needed,” said his write-up. Strong offered to go to where she was and answer her questions in person. “This is just one example of how I have observed Eric consistently go above and beyond his job duties.”

July: Three employees won for

July. Mark Rychwa, Leo Cooper and Brian McGrath, FMS Engineering Chiller, responded immediately when a July heat wave caused a spike in humidity and temperature in the SPD Department, halting all operations. Cooper and McGrath quickly requested temporary cooling units. Rychwa delivered and assembled the units, which lowered the temperature and humidity and allowed SPD to resume sterilizing instrumentation for patient care with no delays.

June: Housekeeper Willie Holliman, Facilities Management, was observed helping a Veteran out of his car and into a wheelchair to go to the Emergency Room. Holliman was returning from break, and offered to assist. Holliman’s nominator said, “Mr. Holliman went above and beyond, not only to assist a Veteran but also being a gentleman in assisting the patient’s wife.”

May: Cathy Smith, provided vital information that assisted in the recovery of \$688 in fraudulent travel funds obtained by an unauthorized Veteran. Smith’s nomination read, “Ms. Smith (who works in Transportation) continues

to be vigilant in our quest to stop travel fraud here.”

April: LPN Soledad F. Salinas, Geriatrics Extended Care, participated in a specialized geriatric care program. She then found her field’s professional organization and took the certification exam so she could be a resource in her patient-care area.

March: Primary Care Medical Support Assistant **Christopher Marshall,** “used his military corpsman knowledge to recognize the signs and symptoms of a patient complaining of shortness of breath,” wrote his nominator. Clinic employees were in a regularly scheduled staff meeting, Marshall searched for a provider until he found Dr. Ravipati to help. The patient was assessed and taken to the ER and then Intensive Care.

February: Joshua Brown, Veterans Canteen Service, after a severe snowstorm was one of a few employees in his work area to make it to work. “He stepped up to the plate and did an awesome job,” wrote his nominator. “I saw him assist Associate Director Marianne Semrad, who put

together a continental breakfast for all employees who worked more than one shift.” Brown, who had no experience working in the deli or working a cash register, “worked alongside Kim Wasilewski (Canteen Chief) making our employees sandwiches and rendered excellent customer service. Mr. Wasilewski should also be applauded as he managed the entire process while he, himself, assisted in preparing the sandwiches and attending to any and all employee’s requests.”

January: Michael Caffrey, Housekeeper in Building 133-3A, came running when a co-worker needed help when a patient fainted. “One of our patients was getting up from his wheelchair to have his weight taken, and then all of a sudden he felt faint. I was trying to catch him and realized I needed help. I called for help ... Michael Caffrey came running just in time to catch the patient, and with the help of our doctor, who also came running, we put the patient back in the wheelchair. I can never thank him enough.”

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“One call for blood donors is all that’s ever needed” (cont.)

Lovell FHCC Blood Donor Processing Division has run successful blood drives for Navy recruits for a decade



Every morning at 7:30, Jeremy Simmons, the Purchasing Clerk for the Lovell Federal Health Care Center Blood Donor Processing Division, brings the blood drive supplies to Space C02 on the third floor of Ship 5, USS Roosevelt, at Recruit Training Command. (Photo provided)

Sailors residing in Ship 5, the Temporary Holding Unit, however, have no set schedule and are around for an often unknown length of time. So they have an advantage of being able to “walk-in” to the blood drive any time their

petty officers allow it. Leading the Temporary Holding Unit sailors is Hospital Corpsman 1st Class Madonna MacKnight. A pharmacy technician by trade, MacKnight is in the 13th year of

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her Navy career. As the Recruit Division Commander, she is the leading petty officer of up to 140 sailors at any given time.

One call for blood donors is all that is ever needed, and MacKnight is ready to coordinate eligible volunteers to make the trip just two floors up. MacKnight is the leader in the integration between the FHCC blood collections in Ship 5 and the holding unit blood donors. When asked about the importance of blood, she simply replies, “Blood is life.”

Helping MacKnight is Hospital Corpsman 2nd Class Joshua McClelland. As the counselor for the Temporary Holding Unit, he provides medical assistance on recruit health matters. Petty Officer McClelland has been in the Navy for 12 years. McClelland says, “Everyone should donate at least once.”

The Blood Donor Processing Division of Lovell FHCC has held blood drives at the Navy’s only boot camp since October 2001. The work of the RTC scheduling office to locate and maintain a blood drive opportunity in the recruit training schedule has been an ongoing effort of integration and teamwork.

What was once a large once weekly blood drive has evolved into a daily blood collection. On the drop days with fewer recruits available, staff

of the holding unit has consistently provided blood donors to ensure blood shipments go uninterrupted.

This integrated team effort has resulted in the increased collection and shipment of blood products overseas and at military treatment facilities worldwide.

Change has been one constant in the blood collections efforts at Great Lakes. Last year, the blood drive collection site moved three times. In the past 12 months, the day of training for blood collections from recruits has shifted three times. Immunizations, mandatory training and blood drives and briefings continue to compete for a time slot in every recruit’s schedule.

Collaboration between RTC senior leadership, the FHCC Blood Donor Processing Division management team and the medical department of USS Red Rover recently resulted in a new timeline for recruit blood donations.

All recruits arrive at Ship 5 during the fifth week of training to hear a mandatory blood drive briefing. The decision to donate blood is a voluntary effort provided donors meet the criteria.

To find out more about the Armed Services Blood Program or to schedule an appointment, please visit us online: www.militaryblood.dod.mil.

Nomination process for Oscar/WOW winners a quick form on Intranet (cont.)

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December, 2010: The attitude and approach of **Michael Eatmon**, SPD/Distribution, was “refreshing and inspiring,” wrote his nominator. “Supplies were needed right away, in the operating room/anesthesia, and even though it was not his job, Mr. Eatmon stopped what he was doing and assisted me in locating the product, and delivering same.”

November, 2010: Jessica **Molina**, Human Resources, received a lengthy write-up in a letter to her department head. “Jessica has always gone over and above to help me and does so in such a courteous and respectful way. Her expertise has always been spot on in everything she has helped, given and/or done for me. I honestly cannot say enough.” Molina helped her nominator navigate the donated leave program. “I know I am not the only one who has said these kinds of words about Jessica, because each time I hear her name mentioned, it is always used in a sentence that wraps up the same sentiments.”

October, 2010: Ed Kim, Mental Health Intensive Case Manager, was exceptionally supportive of a Veteran who died from lung cancer. “Mr. Kim took many telephone calls from the family of a dying Veteran while he was not on duty. The family called Mr. Kim day and night to communicate changes in the Veteran’s condition ... Mr. Kim provided supportive care for the Veteran and his family during his last hours of life ... showing great compassion.” Kim’s nominator wrote that Kim visited the Veteran frequently. “He treated the patient, not the disease, by addressing the patient’s physical, emotional, and spiritual needs and wishes. One of this dying patient’s last memories will be Ed Kim’s emotional support and presence.”

Employees can nominate a staff member by going to the FHCC Intranet page and searching for OSCAR/WOW News in the drop-down menu. Nominations should be made for specific actions that are “above and beyond” normal duties. For more information, call Gilberto Molina at 224-610-4211 or ext. 8-4211.

USS Tranquillity first branch clinic to win FHCC quarterly blood drive



The first Branch Health Clinic Blood Collection Challenge was a great success, said Jeffery Diffy, Public Affairs specialist for the Armed Services Blood Program. The drive took place during October and November. USS Tranquillity took the honors for first place. The presentation of the travelling trophy will take place at Lovell FHCC at an upcoming awards ceremony. Diffy extended special thanks to Chief Hospital Corpsman Juan Johnson and Hospital Corpsman 1st Class Emanuel Callazo for the great work as site coordinators for their clinic. The Blood Donor Processing Division of Lovell FHCC collected 97 blood units in support of the Armed Services Blood Program during the fourth quarter 2011 challenge. The first quarter 2012 Blood Drive Challenge will take place in February. (Photo by Jeffery Diffy)